

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-022046

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

318
FILED JUN 3 1963

1003

5565

VS 300 Rev. 4/59	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	INSTEAD OF	DOCUMENT
1				
2 9/1/63				
3				
4 3				
5 2				
6				
7 1				
8 2				
9				
10				
11				
12 77-0				
13				
77	MEDICAL CERTIFICATION	SHOULD READ	BY AFFIDAVIT OF	

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Homer G. Phillips		d. STREET ADDRESS (If outside, give location) 4204 Cote Brillante	
3. NAME OF DECEASED (Type or print) First Armiller Middle Payne Last Payne		4. DATE OF DEATH Month 5 Day 22 Year 63	
5. SEX Fem.	6. COLOR OR RACE Negro	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10/17/94
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		11. BIRTHPLACE (City and state or country) Bell, Tennessee	
13a. FATHER'S NAME Ashlin Payne		13b. MOTHER'S MAIDEN NAME Mary Payne	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no		17. INFORMANT Lawrence Payne Address 2310 Cass	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Shock Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Gastrointestinal Hemorrhage DUE TO (c) Undiagnosed Disease of GI Tract		INTERVAL BETWEEN ONSET AND DEATH Undet.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 578x		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 7:00 a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 5-6-63 to 5-22-63 and last saw her alive on 5-22-63 Death occurred at 7:00 A. m on the date stated above, and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED 5-24-63	
22a. SIGNATURE H. H. Hittler (Degree or title)		22b. ADDRESS 2601 N. Whittier	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 5-27-1963	23c. NAME OF CEMETERY OR CREMATORY Father Dickson	
23d. LOCATION (City, town, or county) Kirkwood, Missouri		23e. DATE RECD. BY LOCAL REG. MAY 27 1963	
24. FUNERAL DIRECTOR A. H. Burke ADDRESS 3900 Ashland		25. REGISTRAR'S SIGNATURE Carol Smith M.D.	

8-1639-282

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Missouri

St. Louis

St. Louis

Assoc. of Embalmers

Assoc. of Embalmers

St. Louis

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St. Louis

St. Louis

St. Louis

St. Louis

St. Louis

STATEMENT BY LICENSED EMBALMER

Undertaken by me or by

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____ Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed [Signature]

Licensed Embalmer No. 4628

P. O. Address 1238 N. Kingshighway

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.